

| STUDENT INFORMATION (to | be completed by student) | | | | | |
|---|--------------------------------------|----------------|--|------------------|-----------------|--|
| | | | | | | |
| Name (please print) | Email | | | Primary P | Phone | |
| Ctroot Address | | City State 7in | | | | |
| Street Address City, State, Zip | | | | | | |
| PARENT/LEGAL GUARDIAN INFORMATION (to be completed by parent/legal guardian if student is under 18) | | | | | | |
| | | | | | | |
| Name | Email | Primar | y Phone | Alternate I | Phone | |
| | | | | | | |
| Name | Email | Primar | Primary Phone | | Alternate Phone | |
| In case of emergency, please contact: | | | | | | |
| Name (Must be parent or guardian) Primary Phone Alternate Phone | | | | | | |
| Please list any medical conditions/allergies we should be aware of: | | | | | | |
| COMMITMENT preference (frequency): | | | | | | |
| Please select if you will be a full day or half day volunteer. Monday-Friday ☐full day 8:45a-3:15p or ☐half day 8:45a-11:30p | | | | | | |
| AREAS OF INTEREST: | | | | | | |
| Please check all areas which you might like to volunteer: | | | | | | |
| Summer Camp (14 years and older) | | | | | | |
| Please indicate which weeks of camp you would like to volunteer | | | | | | |
| June 5-9 Can You Dig It? | | | ∐ July 10-Ju | ly 14 World Trav | elers' Camp | |
| June 12-16 Master Builders' Camp | | | July 17-July 21 At a Summer Camp Far, Far Away | | | |
| June 19-June 23 Mad Scie | June 19-June 23 Mad Scientists' Camp | | July 24-July 28 Engineering Camp | | | |
| June 26-June 30 Artists in Training Camp | | | ☐ July 31-August 4 Best of Summer Camp | | | |
| Student Volunteer T-Shirt: | | | | | | |
| Please check t-shirt size: S M L XL | | | | | | |



| Please list relevant skills and experience (please include any volunteer experience you may have): | | | | | | | |
|--|--------------------------------|--------------------------------|--|--|--|--|--|
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| Please tell us why you would like to volunteer w | ith Peoria Riverfront Museum: | | | | | | |
| Thease tell as willy you would like to volunteer with reona invertible wiascum. | | | | | | | |
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| Please indicate if you are interested in being camp photographer. If yes, please tell us why this experience would benefit | | | | | | | |
| your personal goals. | | | | | | | |
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| REFERENCES | | | | | | | |
| Please list 2 references (teacher, supervisor, etc |) other than relatives, who we | e may contact for a reference: | | | | | |
| | | , | | | | | |
| Name: Email: | | Phone: | | | | | |
| Name: Email: | | Phone: | | | | | |
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| DECLUDED SIGNATURES | | | | | | | |
| REQUIRED SIGNATURES | | | | | | | |
| | | | | | | | |
| Student Signature | Date | | | | | | |
| | | | | | | | |
| Parent Signature | Date | | | | | | |
| Tarent signature | | | | | | | |
| | | | | | | | |
| | For Museum Use Only | | | | | | |
| | | | | | | | |
| Date Received: Orientation Date: | | | | | | | |
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| Volunteer Placement: | Supervisor: | | | | | | |
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| Notes: | | | | | | | |
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